MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08036

Reg. Dist. No. 239

1. PLACE OF DEATH — COUNTY: Prince Geo. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel Md. — LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Warren's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel (rural)
STREET ADDRESS (If rural, give location): Haynes Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): GEORGIA ADKINS

4. DATE OF DEATH (Month) (Day) (Year): Aug 16 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Jan 23, 1930

9. AGE last birthday: 19 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Poolesville Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James B. Carter

14. MOTHER'S MAIDEN NAME: Mary A. Rooney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs. Mary A. Rooney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

454.6 Immediate cause (a) Acute heart failure — 1½ h.

150c Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Pulmonary artery stenosis — Congenital

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Delivery, full term pregnancy — 20 h.

19a. DATE OF OPERATION: 8/16/49

19b. MAJOR FINDINGS OF OPERATION: Episiotomy

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/15, 1949, to 8/16, 1949, that I last saw the deceased alive on 8/16, 1949, and that death occurred at 2:10 a.m., from the causes and on the date stated above.

SIGNATURE: William R. Bungf (Degree or title) M. D. — ADDRESS: 305 P. George St. Laurel — DATE SIGNED: 8/16/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Aug 18/49 — NAME OF CEMETERY OR CREMATORY: Ivy Hill — LOCATION (City, town, or county) (State): Laurel Md.

DATE REC'D BY LOCAL REG.: Aug 17-49 — REGISTRAR'S SIGNATURE: M. Brashears

24. FUNERAL DIRECTOR: Al Wills Donaldson — ADDRESS: Laurel Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
AUG 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08037

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside | LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ANGELA (Middle) (Last) ALESANDRELLI

4. DATE OF DEATH: (Month) Aug. (Day) 21st (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED: ~~Married~~ (Strike out) | 8. DATE OF BIRTH: Feb 8th 1885 | 9. AGE last birthday: 64 yrs. | If under 1 year: Months 6, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none | 10b. KIND OF BUSINESS OR INDUSTRY: none | 11. BIRTHPLACE (State or foreign country): Italy | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nichols Torrillo | 14. MOTHER'S MAIDEN NAME: Catherine Amato

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): None | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: Amelia Gallo (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	3 days.
420.1 Antecedent cause(s)	Hypertension	5 mos.
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from March, 1949, to August, 1949, that I last saw the deceased alive on Aug 5, 1949, and that death occurred at 1:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harry J Crawford MD — 816 E St NE Washington DC 8-22-49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | 8/24/49 | Mt Olivet | Wash. DC

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Aug. 22, 1949 | Carrie F. Campbell | W. W. Chambers Co. | 517 11th St SE DC

VS. A15

Coroner notified and approved — HJL 8/21/49.

RECEIVED
AUG 25 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08038

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly | LENGTH OF STAY (In this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Carrel	Anderson	Aug.	1	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	Widowed	July 28, 1906	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook	Restaurant	Atlanta, Ga	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elisha Anderson	Sara Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Mrs. J. S. Smith —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260 **Immediate cause** (a) Cerebral edema

61 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetic coma

(c) Diabetes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney	M. D.	Dep. Med Exam. Cheverly	Hyattsville, Md 8-5-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
transportation	8/6/49	Braintred	Braintree Mass.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
August 6 1949	Amanda Downey	F. Tasker & Sons	Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 9 1949
BUREAU V. S.

08039

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Md. LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burtonsville
STREET ADDRESS (If rural give location) None.

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Tyras (Last) ATHEY
4. DATE OF DEATH (Month) Aug. (Day) 8 (Year) 1949
5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov. 27 - 1899
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10b. KIND OF BUSINESS OR INDUSTRY General Store
11. BIRTHPLACE (State or foreign country) Burtonsville Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Snowden J. Athey
14. MOTHER'S MAIDEN NAME Mamie Athey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Harriet E. Athey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis — 48 hrs

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Varicose Veins + ulcers

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to 8 Aug, 1949, that I last saw the deceased alive on 8 Aug, 1949, and that death occurred at 7 p.m., from the causes and on the date stated above.

SIGNATURE Thomas R. Ulshafer (Degree or title) MD ADDRESS 322 Prince George St Laurel Md DATE SIGNED 9 Aug '49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Aug-11-1949 NAME OF CEMETERY OR CREMATORY Union Cemetery LOCATION (City, town, or county) Burtonsville Md (State)

DATE REC'D BY LOCAL REG. Aug 9, 1949 REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy)
24. FUNERAL DIRECTOR J. Arthur Naeterx ADDRESS 254 - Carroll St Takoma Park

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills | LENGTH OF STAY (In this place) Twins | HOSPITAL OR INSTITUTION OR STREET ADDRESS At Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Prince Georges | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills | STREET ADDRESS (If rural, give location) 4522 East Pines Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Infant	-	Baker	Aug	23	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	Colored	Single	June 27, 1949	1 mo. 27 da. yrs.		27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Byrd	Lorraine Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		none	Elizabeth Baker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Smothering in bed clothing

(c)

924.0
182

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home	(CITY OR TOWN) Landover Hills	(COUNTY) P.G.	(STATE) Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☑	HOW DID INJURY OCCUR?
8	23	49	11 m.			Smothered in bed clothing

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T. Boyd	M.D.	Forestville Md	8-24-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	25 August 1949	Methodist Cemetery	Bladensburg	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/25/49	Amanda Downey	J. Bassler Sons	Hyattsville Md.

VS. A15A

RECEIVED
AUG 26 1949
BUREAU T. S.

08040

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH- COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Glenn Dale — LENGTH OF STAY (in this place) 3mos., 23days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location) 4208 Foote St. N.E. ✓

3. NAME OF DECEASED (Type or Print)	(First) JASPER	(Middle)	(Last) BATTLE	4. DATE OF DEATH	(Month) AUG. (Day) 11 (Year) 1949
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 19, 1897	9. AGE last birthday 52 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Rocky Mount, North Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Bat Battle			14. MOTHER'S MAIDEN NAME Julia A. Watson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY No. 579-09-0308	17. INFORMANT AND ADDRESS Decedent		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	6 mo.
002 Antecedent cause(s)		
13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APR. 19, 1949, to AUG. 11, 1949, that I last saw the deceased alive on AUG 11, 1949, and that death occurred at 9:15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Lee Finucane	M. D.	Glenn Dale Sanatorium Glenn Dale, Maryland	August 11, 1949

23. ~~BURIAL~~, CREMATION REMOVAL (Specify) to Washington, DC	DATE 8-12-1949	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. Aug. 12, 1949	REGISTRAR'S SIGNATURE Rowland S. Phillips	24. FUNERAL DIRECTOR Robert G. McGuire	ADDRESS 1220 7th St., N.W. Wash. D.C.

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AUG 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

118041

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel (Oak Crest)
STREET ADDRESS (If rural, give location) R.F.D. 2 - Box 183 a Mulberry St

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Samuel	Edward	Brewer	Aug.	8	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	C	Married	6-26-1901	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Nelson County, Va	USA

13. FATHER'S NAME: Samuel Walter Brewer
14. MOTHER'S MAIDEN NAME: Mary Ann Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Samuel Walter Brewer - Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

E816.5 **Immediate cause** (a) Hemorrhage & shock

E170 C **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple fractures of skull & body

(c) Automobile collision

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Rt. 1 - Beltsville
(CITY OR TOWN) Beltsville (COUNTY) Pr. Geo. (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 8-8-49 7.30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? In collision with trailer-tractor.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney	M.D. Dep. Med. Exam.	Cheverly - Hyattsville, Md	8-9-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Aug. 9, 1949	Washington Fun. Home	467 N St N.W. Wash. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 9, 1949	Amanda Downey	F. Gaschs Sons	Hyattsville Md.

RECEIVED
AUG 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18042

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNA. — COUNTY CAMBRIA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JOHNSTOWN, PA.
STREET ADDRESS (If rural, give location) 208 COOPER AVE.

3. NAME OF DECEASED (Type or Print): (First) Clifford (Middle) (Last) BROSIUS

4. DATE OF DEATH: (Month) aug. (Day) 12 (Year) 19 49

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: JULY 19, 1873

9. AGE last birthday: 76 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GAS STATION ATTENDANT

10b. KIND OF BUSINESS OR INDUSTRY: GAS STATION

11. BIRTHPLACE (State or foreign country): JOHNSTOWN, PA.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: SAMUEL BROSIUS

14. MOTHER'S MAIDEN NAME: ANNA BROSIUS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: LT. DELLINGER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval between onset and death: 5 d.

491 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

107 (b)

(c) Left ventricular strain — 5 d.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/7, 19 49, to 8/11, 19 49, that I last saw the deceased alive on 8/11, 19 49, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William R. Bruno M. D. 305 P. George St. Laurel 8/12/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug 15, 1949 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): JOHNSTOWN, CAMBRIA, PENNA.

DATE REC'D BY LOCAL REG.: Aug 12-49 — REGISTRAR'S SIGNATURE: M. Brashears

24. FUNERAL DIRECTOR: J. ARTHUR WALTERS, 505 MAIN BLVD., LAUREL, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08043

Reg. Dist. No. 205

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rogers Hts — LENGTH OF STAY (In this place): 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5318 Gallatin St.,

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Pr. Georges.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rogers Heights.
STREET ADDRESS (If rural, give location): 5318 Gallatin Street.

3. NAME OF DECEASED (Type or Print): (First) Hazel (Middle) (Last) Clements

4. DATE OF DEATH: (Month) Aug (Day) 1 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 13, 1913

9. AGE last birthday: 36 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Typist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Martin County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Coburn

14. MOTHER'S MAIDEN NAME: Maud Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Maud Coburn, Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

981 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun-shot wound of chest & abdomen

166 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): Rogers Heights — (COUNTY): Pr. Geo. — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 1, 1949 6:30 P.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Shot by shell fired from shotgun

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE (Degree or title): John D. Malone M.D. Deputy Medical Examiner — ADDRESS: Hyattsville, Md — DATE SIGNED: 8-2-49

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: Aug 3. 1949 — NAME OF CEMETERY OR ~~CREMATORY~~: Ft Lincoln — LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: Aug 3 1949 — REGISTRAR'S SIGNATURE: James Seery

24. FUNERAL DIRECTOR: F. Sasche Sons — ADDRESS: Hyattsville Md

VS. A15A

RECEIVED
AUG 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08044

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Lanham Hills
LENGTH OF STAY (In this place) 8 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Lanham Hills
STREET ADDRESS (If rural give location) 7748 Decator Rd.

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) V. (Last) Connelly

4. DATE OF DEATH (Month) August (Day) 20, (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Aug. 12, 1910

9. AGE last birthday 39 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lee Radley

14. MOTHER'S MAIDEN NAME Ulalie Gladding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. No

17. INFORMANT George P. Connelly (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 Immediate cause (a) Carcinoma of Transverse Colon — Interval Between Onset and Death: 6 Mo

462 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with Metastases

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Mar 1949. 19b. MAJOR FINDINGS OF OPERATION Ca of Transverse Colon with Metastases

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 19 43, to Aug 20, 19 49, that I last saw the deceased alive on Aug 14, 19 49, and that death occurred at 7 25 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L W Malin M D ADDRESS Riverdale, Md DATE SIGNED 8-20-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Aug. 23, 1949 — NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery — LOCATION (City, town, or county) (State) Colmar Manor, Pr. Geo., Md

DATE REC'D BY LOCAL REG. 8/22/49 — REGISTRAR'S SIGNATURE Amanda Howard

24. FUNERAL DIRECTOR ADDRESS F. Gasch's Sons Hyattsville, Md.

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AUG 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08045

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Prince George's; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Glenn Dale
LENGTH OF STAY (in this place): 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D. C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 810 - 5th St. N. W. ✓

3. NAME OF DECEASED (Type or Print): (First) CLAUDE (Middle) ALBERT (Last) CRANDALL

4. DATE OF DEATH: (Month) Aug (Day) 4, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 28, 1889

9. AGE last birthday: 59 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watch Maker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Makoto, Minnesoto

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jerome Crandall

14. MOTHER'S MAIDEN NAME: Betty Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Nat'l. Guard (If year, give war or dates of service): 1926-1927

16. SOCIAL SECURITY NO.: 578-18-6493

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 7½ mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1949, to Aug. 4, 1949, that I last saw the deceased alive on Aug. 4, 1949, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title): M. D. ADDRESS: Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED: August 4, 1949

23. BURIAL, CREMATION / REMOVAL (Specify): Burial DATE: 8-6-49 NAME OF CEMETERY OR CREMATORY: Wash. Natl. Cemetery LOCATION (City, town, or county) (State): Suitland Rd. Md.

DATE REC'D BY LOCAL REG: Aug 6, 1949 REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: W. W. Chambers Co. ADDRESS: 1400 Chapin St. N. W.

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AUG 16 1949
BUREAU V. S.

Evidence for addition of 21 shown on:

08046

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 122 SEP 23 1949

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Croom
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Croom
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Matilda (Middle) Wood (Last) Duvall

4. DATE OF DEATH (Month) Aug. (Day) 18 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 5/16/71

9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Peter Wood

14. MOTHER'S MAIDEN NAME Margaret Skinner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT W. H. Duvall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
904.0	Immediate cause	(a) Cerebral Embolism	10 days
186a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture Left Humerus	12 days
		(c) Arteriosclerosis	20 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure — 6 months

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ~~yes~~

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) ~~Osborne~~ (COUNTY) (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) July 26, ~~1949~~ m.

INJURY OCCURRED While at Work ☐ ~~Not While~~ At work ☐

HOW DID INJURY OCCUR? fell ~~in her~~ home (9/23/49 akc)

22. I hereby certify that I attended the deceased from Jan 10, 1949, to Aug 18, 1949, that I last saw the deceased alive on Aug 17, 1949, and that death occurred at 2:15P m., from the causes and on the date stated above.

SIGNATURE James G. Sasscer (Degree or title) ADDRESS Upper Marlboro — DATE SIGNED Md. 8-19-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8/20/49

NAME OF CEMETERY OR CREMATORY St. Thomas

LOCATION (City, town, or county) Croom (State) Maryland

DATE REC'D BY LOCAL REG. Aug 19, 1949

REGISTRAR'S SIGNATURE R. Bird Smith

24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

08047

1. PLACE OF DEATH · COUNTY: Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Pr.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cottage City — LENGTH OF STAY (in this place): 3½ yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cottage City
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3718 - 37th Ave.	STREET ADDRESS (If rural give location): 3718 - 37th Ave.

3. NAME OF DECEASED (Type or Print)	(First) Anna	(Middle) M.	(Last) Eisentraut	4. DATE OF DEATH	(Month) 8	(Day) 17	(Year) 1949
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: 8/9/1880	9. AGE last birthday: 69 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: ? Schenk	14. MOTHER'S MAIDEN NAME: ? Ziegler						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Mr. Schmidt					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY OCCLUSION	
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSION	?
	(c) GENERALIZED ARTERIOSCLEROSIS	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1947, to Aug. 17, 1949, that I last saw the deceased alive on Aug 16, 1949, and that death occurred at 11:45 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
David S. Klayman	MD.	6311 Balto. Ave Riverdale Md	8/17/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/19/49	Oak Lawn Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 18, 1949	Amanda Downey	Wm. J. Nalley	3200 R.I. Ave. Mt. Rainier, Md.

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AUG 20 1949
BUREAU V. S.

mw

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08048

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park
LENGTH OF STAY (In this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural, give location) 2215 Georgia Avenue

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Plummer Epps

4. DATE OF DEATH (Month) (Day) (Year) August 29 1949

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH April 9, 1915

9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) S. Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Daniel Epps

14. MOTHER'S MAIDEN NAME Emma Garner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT Evelyn Epps

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

979 Immediate cause (a) Hemorrhage and shock

164 f Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull, crushed chest, fractured pelvis.

(c) Struck by automobile

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) U.S. Rt. 1

(CITY OR TOWN) College Park (COUNTY) Pr. Geprges (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 8-29-49 11.15 A.M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Jumped in fron t of moving vehicle

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE John T. Maloney (Degree or title) M.D. Dep. Med. Examiner ADDRESS Hyattsville, Md. DATE SIGNED 8-29-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE THEREOF 8/30/49 NAME OF CEMETERY OR CREMATORY Melvin & Schy Funeral Co LOCATION (City, town, or county) Washington (State) Ste

DATE REC'D BY LOCAL REG. Aug. 30, 1949 REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy) 24. FUNERAL DIRECTOR F. Gasch's sons ADDRESS Hyattsville Md

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SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08049

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Branchville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Branchville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Nelson (Last) Fuller

4. DATE OF DEATH: (Month) August (Day) 2 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 3-7-1889

9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machinist

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore County Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Francis Fuller

14. MOTHER'S MAIDEN NAME: Mary Alice Rowland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 4 mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Tubercular Meningitis. — 4 weeks

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-24, 1947, to 8-2, 1949, that I last saw the deceased alive on 7-28, 1949, and that death occurred at 2:45 P. m., from the causes and on the date stated above.

SIGNATURE L W Miller M.D. (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Aug. 5 1949

NAME OF CEMETERY OR CREMATORY: Fort Lincoln

LOCATION (City, town, or county) (State): Near College City Md

DATE REC'D BY LOCAL REG.: Aug 5-1949

REGISTRAR'S SIGNATURE: John D. Smith

24. FUNERAL DIRECTOR: Ridgley Selby, Laurel Md ADDRESS

RECEIVED
AUG 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08050

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Glenn Dale
LENGTH OF STAY (in this place): 1 mo., 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 462 K. St. N. W. ✓

3. NAME OF DECEASED (Type or Print): (First) DOUGLAS (Middle) (Last) GARRETT
4. DATE OF DEATH: (Month) AUG. (Day) 30 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Single	February 20, 1906	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clinton, South Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Garrett
14. MOTHER'S MAIDEN NAME: Clara Iroy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):
16. SOCIAL SECURITY NO.: 579-03-8912
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 3 mo.

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Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 6, 1949, to AUG. 30, 1949, that I last saw the deceased alive on AUG. 30, 1949, and that death occurred at 5 00 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leo M. Curtis	M. D.	Glenn Dale, Md.	8/30/49

23. BURIAL, CREMATION, REMOVAL (Specify): to Washington D.C. — DATE: 8-30-1949 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 8/30/49 — REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: H. S. Washington & Son — ADDRESS: 467 N [illegible]

RECEIVED
SEP 5 1949
BUREAU V. S.

Evidence for addition in #18 shown on:

FILM No. G 122 OCT 3 1949 (over)

018051

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 2 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp	STREET ADDRESS (If rural, give location) 4503 Decatur St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Claudette	Marie	Garner	Aug.	13	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Single	Sept 19, 1945	3 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Claude Garner	Ida May Burkett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Toxemia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Gastro-enteritis & nephritis.

(c) Chronic lead poisoning

885.0 178X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

Results of laboratory examination: 1. Urine - 1.29 mmgrs. / liter of urine (Normal range .02 to .08 mmgrs per liter) 2. Spinal fluid, .03 mmgrs / hundred grams (Normally no amount detectable)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Home	(CITY OR TOWN) Hyattsville	(COUNTY) P.G.	(STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY Over a long period of time.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR? Eating paint from walls and furniture.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney	M.D. Dep. Med. Examnr.	Cheverly-Hyattsville	8-13-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/15/49	Ft Lincoln	Colmar Manor	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/13/49	Amanda Downey	F. Lascho & Son	Hyattsville Md

VS. A15A

This patient is released to Prince Georges General Hospital.

Patient was autopsied at Prince Georges Hospital in Cheverly, Maryland, by Dr. William C. Manion, the pathologist. Findings were essentially negative. Cause for the following: 1, Pulmonary congestion with small foci areas of bronchial pneumonia, 2 Chronic congestion and cloudy swelling of the liver and kidneys. The central nervous examination was negative. as was the gastro-intestinal tract. Samples of urine and spinal fluid were sent to the National Institute of Health for lead determination

William C. Manion M.D.
Pathologist, Prince Georges Hosp
Cheverly. Maryland.
August 13, 1949.

Evidence for addtion
of #21 shown on Film No.
G 122 Oct. 11, 1949

RECEIVED
AUG 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08452

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Glenn Dale
LENGTH OF STAY (in this place) 3mos.,22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 933 - 26th St. N. W.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) (Last) GRAVETTE
4. DATE OF DEATH (Month) Aug. (Day) 18, (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Male	Negro	Married(sep)	August 7,1902	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dishwasher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Alexander Gravette
14. MOTHER'S MAIDEN NAME: Leona Proctor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Glomerulo Nephritis with Uremia	? Unknown
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Pulmonary Tuberculosis	4 mo.

592
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 27 1949, to Aug. 18, 1949, that I last saw the deceased alive on Aug. 18, 1949, and that death occurred at 10. A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leo M. Curtis	M. D.	Glenn Dale, Md.	8/18/49

23. BURIAL, CREMATION, REMOVAL (Specify): to Washington D.C.
DATE: 8-18-49
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG. 8/18/49
REGISTRAR'S SIGNATURE: Rowland S. Phillips
24. FUNERAL DIRECTOR: Ambrose P. Boyle #165
ADDRESS: 1238-20th St. N.W.

RECEIVED
AUG 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08053

CERTIFICATE OF DEATH

Reg. Dist. No. 245

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville | LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
STREET ADDRESS 4414 (If rural give location) Oliver st

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) (Last) HAINES

4. DATE OF DEATH: (Month) Aug 28, (Day) (Year) 1949

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: Aug 1. 1847 | 9. AGE last birthday: 102 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - U.S. Forest Service | 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Milbrook N. J | 12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: Charlie Haines | 14. MOTHER'S MAIDEN NAME: Anna Forman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mrs Helena J. Haines

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple Sclerosis — Interval Between Onset and Death: 18 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pyelonephritis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10, 1945, to 8-29, 1945, that I last saw the deceased alive on 8-26, 1945 and that death occurred at 11.30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C Dent M.D. Hyattsville Md 8 29 49

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation | DATE THEREOF: Aug 30 1949 | NAME OF CEMETERY OR CREMATORY: Friends Cemetery | LOCATION (City, town, or county) (State): Clinton Corners N.Y

DATE REC'D BY LOCAL REG.: aug 30 1949 | REGISTRAR'S SIGNATURE: James Devey | 24. FUNERAL DIRECTOR: F. Tasche Sons | ADDRESS: Hyattsville Md

VS. A15

T

RECEIVED
SEP 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18054

Reg. Dist. No. 2602

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
LENGTH OF STAY (in this place) 18 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Walter	Harley	8	13	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	Colored	Widowed	Sept 30, 1860	88 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Henry Harley	Julia Ann Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Maude Harley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 **Immediate cause** (a) Congestive heart failure

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause etating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19.30, to Aug 13, 1949, that I last saw the deceased alive on Aug 17, 1949, and that death occurred at 10 35 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Boyd	M.D.	Forestville Md	8-13-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-16-49	Mt. Carmel	Upper Marlboro, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 16-1949	Edna F. Collins	Ritchie Bros.	Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08055

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly | LENGTH OF STAY (in this place) 5 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location) R R #1, Box 151

3. NAME OF DECEASED (Type or Print): (First) Joe (Middle) Boy E. (Last) Harris
4. DATE OF DEATH: (Month) 8 (Day) 6 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Boy
8. DATE OF BIRTH: 8-6-49
9. AGE last birthday: yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Paul Lee Harris
14. MOTHER'S MAIDEN NAME: Patsy J. Goodman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Paul L Harris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776 **Immediate cause** (a) Prematurity

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
159 (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James D. Boyd (Degree or title) M. D ADDRESS: Forestville Md DATE SIGNED: 8-6-49

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation | DATE THEREOF: 8/8/49 | NAME OF CEMETERY OR CREMATORY: Prince Georges Gen Hosp | LOCATION (City, town, or county) (State): Cheverly Md

DATE REC'D BY LOCAL REG. 8/9/49 | REGISTRAR'S SIGNATURE: Amanda L Bowie | 24. FUNERAL DIRECTOR: Harry W Perrie Superintendent | ADDRESS

RECEIVED
AUG 11 1949
BUREAU V. S.

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08056

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 75 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 932 Montgomery Street

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) Sylvester (Last) Harrison

4. DATE OF DEATH (Month) August (Day) 21 (Year) 1949

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Jan. 21 1874

9. AGE last birthday 75 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired employee

10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy Yard

11. BIRTHPLACE (State or foreign country) Laurel, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James H. Harrison

14. MOTHER'S MAIDEN NAME Eliza Disney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT Merrill Harrison - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma Prostate & Bladder	6 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

177
51

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/21, 1949, to 8/21, 1949, that I last saw the deceased alive on 8/7, 1949, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE N B Smith (Degree or title) ADDRESS Laurel DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Aug. 24 1949

NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery

LOCATION (City, town, or county) (State) Laurel, Maryland

DATE REC'D BY LOCAL REG. Aug 24-49

REGISTRAR'S SIGNATURE M. Brashears

24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 29 1949
BUREAU V. S.

08057

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH- COUNTY: Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: D. C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Glenn Dale — LENGTH OF STAY (in this place): 8mos., 28 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location): 102 Virginia Ave. S. W. ✓

3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) F.	(Last) HICKS	4. DATE OF DEATH	(Month) 8 (Day) 31 (Year) 1949
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: January 16, 1905	9. AGE last birthday: 44 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roofing Work	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Prince George's Co., Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: William Hicks	14. MOTHER'S MAIDEN NAME: Christine Short				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY No.: 578-01-4572	17. INFORMANT AND ADDRESS: Decedent			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary tuberculosis.	1 year
002 Antecedent cause(s)		3 months
13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/3, 1948, to 8/31, 1949, that I last saw the deceased alive on 8/31, 1949, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leo M. Custes	M.D.	Glenn Dale, Md.	8/31/49

23. BURIAL, CREMATION REMOVAL (Specify): Removal to Wash, D.C.	DATE: 9/2/49	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG.: 9/1/49	REGISTRAR'S SIGNATURE: Rowland S. Philips	24. FUNERAL DIRECTOR: John T. Phines & Co	ADDRESS: 901-3rd SW Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08058

Reg. Dist. No. 243.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Glenn Dale
LENGTH OF STAY (in this place) 3mos., 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1617 - 15th Street N. W. Apt. 1 √

3. NAME OF DECEASED (Type or Print): (First) CHARLOTTE (Middle) (Last) JOHNSON
4. DATE OF DEATH: (Month) AUG. (Day) 18 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married(sep)
8. DATE OF BIRTH: August 4, 1912
9. AGE last birthday: 37 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Sumter, South Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jerry Rembert
14. MOTHER'S MAIDEN NAME: Hattie Moody

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 578-26-7062
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 4 mo.

Antecedent cause(s)

002 13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APR. 29, 1949, to AUG. 18, 1949, that I last saw the deceased alive on AUG. 18, 1949, and that death occurred at 5.50 A.m., from the causes and on the date stated above.

SIGNATURE: Leo M. Curtis (Degree or title) M. D. ADDRESS: Glenn Dale, Md. DATE SIGNED: 8-18-49

23. BURIAL, CREMATION, REMOVAL (Specify) to Washington DC — DATE 8-18-1949
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 8/18/49
REGISTRAR'S SIGNATURE: Rowland S. Phillips
24. FUNERAL DIRECTOR: Frazier's Funeral Home ADDRESS: 389 Rich Ave. N.W.

RECEIVED
AUG 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08059

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45

1. PLACE OF DEATH:

County: Prince George

City or town: Washington 19, D.C.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs.

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Washington 19 D.C.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 25 Kentucky Ave Parkland Md.

(If rural, give LOCATION)

2.(a) If veteran, name war: — None

3.(a) FULL NAME: JOSEPH MARIE BERNARD KOBER

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	white	Married

6.(b) Name of husband or wife: Helen Virginia Kober

6.(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): February 4, 1892

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
57	7	5		

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Retired sheet metal worker

11. Industry or business: Metal Industry

FATHER

12. Name: Henry Kober

13. Birthplace: Maryland

MOTHER

14. Maiden name: Josephine Bahlman

15. Birthplace: Maryland

16. Informant: Mrs. Helen Virginia Kober

Address: 25 Kentucky Ave., S.E. DC 19

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 12, 1949 (month) (day) (year)

Cemetery or crematory: Cedar Hill Cemetery, Md.

Location: Prince George Co., Md.

18. Funeral director: Martin W. Hyson Co.

Address: 1300 "E" St., N.W., Wash., D.C.

19. August 9 1949 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 9 1949 at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 28 1949 to Aug 9 1949

and that I last saw him alive on Aug 8 1949

	DURATION
Immediate cause of death: Acute Coronary Occlusion	Sudden
Due to: Chronic Hypertension	2 years
Due to: Nephritis	
Other conditions: 420.1	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: — None —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Natural Causes Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D.

Address: Washington 19, D.C. Date signed: Aug 9 1949

RECEIVED
AUG 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 120 Lafayette Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edna	Pettit	Lanahan	Aug.	3	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	married	Oct. 11 1890	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Baltimore Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Emmett L. Pettit	Mary Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Walter D. Lanahan - husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260 Immediate cause (a) Coronary Thrombosis

61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, Hypertension Heart — Years

(c) Chronic Nephritis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 8/1, 19 49, to 8/3, 19 49, that I last saw the deceased alive on 8/3, 19 49, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	MD	321 Prince St Laurel	8-5-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 6 1949	Druid Ridge Cemetery	Pikesville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 6-49	M. Brashears	Wm. H. Donaldson	Laurel, Md.

VS. A15

RECEIVED
AUG 10 1949
BUREAU V. S.

Evidence for change in birth date on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 121 AUG - 9 1949

CERTIFICATE OF DEATH

08061

Reg. Dist. No. 245

1. PLACE OF DEATH COUNTY: Prince Georges, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Wash., D.C. COUNTY: D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale, Md. — LENGTH OF STAY (in this place): 3 1/2 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eugene Leland Memorial Hospt.	STREET ADDRESS (If rural, give location): 1430 Perry Pl., N.W.
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Josephine Carlotta LaVey	4. DATE OF DEATH (Month) (Day) (Year): 8 - 21 1949
5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: Aug 24 1880 — 9. AGE last birthday: 68 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper — 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): South Carolina — 12. CITIZEN OF WHAT COUNTRY? U.S. - yes
13. FATHER'S NAME: Sidney Algenon Wescoat	14. MOTHER'S MAIDEN NAME: Sarah Jane Rice
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY No.: none	17. INFORMANT AND ADDRESS: Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	1 week
Antecedent cause(s)	(b) General arterio-scleroses	10 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cerebral Thrombosis	2 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus	3 yrs.

332

61

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-26-46, 1946, to 8-2, 1949 that I last saw the deceased alive on 8-2, 1949, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L W Malin M D. Riverdale Md

23. BURIAL, CREMATION REMOVAL (Specify)	DATE: Aug 2 1949	NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery	LOCATION (City, town, or county) (State): Suitland Md.
DATE REC'D BY LOCAL REG.: Aug 2 1949	REGISTRAR'S SIGNATURE: James Severy	24. FUNERAL DIRECTOR: The S. H. Henes Co	ADDRESS: 2901 14th St N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
AUG 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) 15 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia; STREET ADDRESS (If rural, give location) 1511 Franklin St., N.E. ✓

3. NAME OF DECEASED (Type or Print): (First) Mabel (Middle) Lotzia (Last) Leet

4. DATE OF DEATH: (Month) Aug. (Day) 14 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: ~~Nov.~~ 22, 1870

9. AGE last birthday: ~~78~~ 79 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOMEMAKER

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): Virginia, Suffolk

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Lotzia

14. MOTHER'S MAIDEN NAME: Eudora Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Charles B. Leet - son.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 Immediate cause (a) Cardiac failure — Interval between onset and death: 15 hours

83b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchopneumonia — 60 hours

(c) Cerebral Thrombosis — 20 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 1949, to Aug 14, 1949, that I last saw the deceased alive on Aug 13, 1949, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frederick E. Musser, M.D. 7409 Vaneum St, Landover Hills, Md. 8/14/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial-Transit

DATE THEREOF: 8/18/49

NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery

LOCATION (City, town, or county) (State): Suffolk, Nansemond, Co. Va.

DATE REC'D BY LOCAL REG. 8/15/49

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Robert A. Pumphrey

ADDRESS: Bethesda, Md.

VS. A15

RECEIVED
AUG 16 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08063

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly | LENGTH OF STAY (In this place) 2 days 22½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 208 - 5th St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frances	Mae	Leizear	Aug	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F.	W	Single	May 6 1921	28 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home		Md	a

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ralph Leizear	Daisy Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		None	Ralph Leizear

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

593 Immediate cause (a) Uremia

130 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Glomerulonephritis.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-17, 1949, to 8-20, 1949, that I last saw the deceased alive on 8-20, 1949, and that death occurred at 12 30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A Deetz	M.D.	Hyattsville	Md

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	8/23/49	Rock Creek	Washington D C

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 23, 1949	Amanda Downey	F. Gasche sons	Hyattsville Md

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AUG 25 1949
BUREAU V. S.

08064

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine
LENGTH OF STAY (in this place) 1½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Gustav (Middle) Karl (Last) Lips
4. DATE OF DEATH (Month) Aug. (Day) 7 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar. 5, 1868
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired cabinetmaker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? Germany

13. FATHER'S NAME Karl F. G. Lips
14. MOTHER'S MAIDEN NAME Anna J. Scholz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mr. Arthur Lips

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151 Immediate cause (a) Carcinoma - Stomach — 1 year

46b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 10 yrs

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 3, 1949, to Aug 7, 1949, that I last saw the deceased alive on Aug 6, 1949, and that death occurred at 8:45P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James G. Sasscer M.D. — ADDRESS Upper Marlboro — DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-11-49
NAME OF CEMETERY OR CREMATORY Prospect Hill
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. Aug 9 1949
REGISTRAR'S SIGNATURE R. Bud Smith
24. FUNERAL DIRECTOR Ritchie Bros.
ADDRESS Upper Marlboro, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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AUG 10 1949
BUREAU V. S.

08065

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Col. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 467 Florida Avenue, N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) Li (Middle) Ah (Last) Long
4. DATE OF DEATH: (Month) Aug. (Day) 31 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: Chinese
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Jan. 3, 1910
9. AGE last birthday: 39 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dishwasher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): China
12. CITIZEN OF WHAT COUNTRY? China

13. FATHER'S NAME: Lai Kwa Quong
14. MOTHER'S MAIDEN NAME: Young Shee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Chung Mo Dan, Friend

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gunshot wound of head

(c)

976
164 c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 5715 Nome St. (CITY OR TOWN) Chapel Oaks (COUNTY) Pr. Georges (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 8- 31-49 12.25 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Self inflicted wound of head

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Dep. Med. Exam. Cheverly Hyattsville, Md. 8-31-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Sept 1-1949
NAME OF CEMETERY OR CREMATORY: New York
LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG.: Sept 1 '49
REGISTRAR'S SIGNATURE: Amanda Mooney
24. FUNERAL DIRECTOR: W. W. Chambers Co
ADDRESS: Riverdale Md

RECEIVED
SEP 2 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College City | LENGTH OF STAY (In this place) 4½ mos
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 3714-40th Place.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
   STREET ADDRESS (If rural, give location) 2717- Greenmount Ave

3. NAME OF DECEASED (Type or Print): (First) Duncan (Middle) James (Last) Maclaan

4. DATE OF DEATH: (Month) August (Day) 15 (Year) 19 49

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 7 1890

9. AGE last birthday: 59 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Tea & Coffee

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Montague Maclean.

14. MOTHER'S MAIDEN NAME: Jane Gulland.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Rose M. Maclaan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Occlusion

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

John J. Maloney M.D. Deputy Medical Examiner Cheverly Hyattsville 8-18-49

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | Aug. 22 1949 | Fort Lincoln | Bladensburg, Md.

DATE REC'D BY LOCAL REG. 8/18/49 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR | ADDRESS

J. Wm. Lee's Sons Co. Wash. DC

VS. A15A

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BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH· COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE NEBR. COUNTY GAGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVERLY — LENGTH OF STAY (in this place) 13 DAYS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CORTLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS PRINCE GEORGES GEN. HOSP.	STREET ADDRESS (If rural give location) NONE

3. NAME OF DECEASED (Type or Print) (First) ZALIA (Middle) ANNE (Last) MALONE — 4. DATE OF DEATH (Month) AUG. (Day) 25 (Year) 1949

5. SEX FEMALE — 6. COLOR OR RACE WHITE — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED — 8. DATE OF BIRTH AUG. 26/1892 — 9. AGE last birthday 56 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL TEACHER — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) IOWA — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME CHARLES HAMMOND — 14. MOTHER'S MAIDEN NAME NELLIE VREELAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NONE — 16. SOCIAL SECURITY NO. NONE — 17. INFORMANT MRS. VERNELL A. DITTER (DAUGHTER)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Embolus with Multiple Infraction

550.1 Antecedent cause(s)

121 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Aug 12, 1949; Aug 19, 1949 — 19b. MAJOR FINDINGS OF OPERATION Acute appendicitis, Chronic cholecystitis, Wound disruption — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12, 1949, to 8-25, 1949, that I last saw the deceased alive on 8-25, 1949, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Anson R. Hyde, M.D. — ADDRESS 1746 K St. N.W. — DATE SIGNED 8-25-49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL — DATE AUG. 26/1949 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) LINCOLN, NEBR.

DATE REC'D BY LOCAL REG. August 26, 1949 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR W.W. CHAMBERS CO — ADDRESS RIVERDALE, MD.

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AUG 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08068

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beverly; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradwood; STREET ADDRESS (If rural, give location) 4307 - 40th St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Markward

4. DATE OF DEATH: (Month) Aug (Day) 21 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 17, 1883

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unknown Fisher

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs. Alma Bost

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 4 days

61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitis — ?

(c) Generalized arteriosclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity — 20 years

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1949, to Aug 21, 1949, that I last saw the deceased alive on Aug 20, 1949, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Benjamin S. Miller MD 3824 - 34St Mt Rainier Md Aug 21 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/24/49 — NAME OF CEMETERY OR CREMATORY: Ft Lincoln — LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: Aug 23, 1949 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: L. Sascha & Son — ADDRESS: Hyattsville Md

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08069

1. PLACE OF DEATH

County Prince George Registration Dist. No. 230

Village or City Greenbelt No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME IDELL ALICE MARTIN If U. S. Veteran, specify WAR None

(a) Residence: No. 9 B So WAY ROAD St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: DAVID MARTIN

6. DATE OF BIRTH (month, day, and year): AUG 15 1885

7. AGE: Years 63 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Spartanburg South Carolina

FATHER

13. NAME: Richard Ingle

14. BIRTHPLACE (city or town) (State or country): S.C.

MOTHER

15. MAIDEN NAME: Ellen James

16. BIRTHPLACE (city or town) (State or country): S.C.

17. INFORMANT (Address): Mr David Martin 9 B So Way Rd Greenbelt

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: 8-4-1949

19. UNDERTAKER (Address): J. William Lee's Son 300 - 4th St N.E. Wash D.C.

20. FILED: August 3rd 1949 John D. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 1 (Day) 1949 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1949, to August 1, 1949

I last saw her alive on July 31, 1949; death is said to have occurred on the date stated above, at 1:00 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Coronary artery disease c̄ myocardosis	
Chronic Cholecystitis	

Other Contributory Causes of Importance:

420.1

94a

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William M. Eisner M. D.

(Address) 30 B. Ridge Rd; Greenbelt, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

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UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

RECEIVED AUG 5 1949

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08070

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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T

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier; LENGTH OF STAY (in this place) 15 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier; STREET ADDRESS (If rural, give location) 3707 - 37th St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MAGGIE	ELLEN	McDONALD	Aug	23	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W	Married	MAR 25, 1880	69 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		Wheatfield, Va.	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W. Smith	Kate Mowery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		none	Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Coronary Thrombosis	1 Hour
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Arteriosclerotic Heart Disease	3 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 21, 1946, to Aug 23, 1949, that I last saw the deceased alive on Aug 9, 1949, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Samuel J. N. Sugar MD	Mt. Rainier Md	Aug 23, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	8/23/49		Strasburg, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 23, 1949	Mrs. Jas. Lovere (Deputy)	Wm. J. Talley	3200 R.I. Ave. Mt. Rainier Md.

RECEIVED
AUG 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08071

Reg. Dist. No. ~~234~~ 243

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Central Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne
STREET ADDRESS (If rural, give location) Central Avenue

3. NAME OF DECEASED (Type or Print) (First) Emory (Middle) Lee (Last) Nazebrod

4. DATE OF DEATH (Month) Aug (Day) 7 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH June 21, 1899

9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant

10b. KIND OF BUSINESS OR INDUSTRY General store

11. BIRTHPLACE (State or foreign country) West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Rubin Washington Nazebrod

14. MOTHER'S MAIDEN NAME Eliza Sager

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Robbie Kidwell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

442 Immediate cause (a) Acute congestive heart failure

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James I. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 8-7-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Aug 10-49 NAME OF CEMETERY OR CREMATORY Mathias Nest, Va LOCATION (City, town, or county) (State) Mathias, Nest Va

DATE REC'D BY LOCAL REG. Aug 7-1949 REGISTRAR'S SIGNATURE Howard I. Beall. John W. Yingling Jr.

24. FUNERAL DIRECTOR Simmons Bros. ADDRESS 2007 Nichols ave S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel | LENGTH OF STAY (In this place) D.O.G.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) Box 77 B. Route ✓

3. NAME OF DECEASED (Type or Print): (First) Carol (Middle) Ann (Last) Orleans

4. DATE OF DEATH: (Month) Aug (Day) 2 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 17, 1949

9. AGE last birthday: yrs. 2 7/12 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank W. Orleans

14. MOTHER'S MAIDEN NAME: Catherine Cameron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Catherine Orleans - Mother -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Suffocation

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home | (CITY OR TOWN) Laurel | (COUNTY) P.G. | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 8-2-49 6:45 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Suffocated accidently while lying in crib.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

John J. Maloney, M.D. - Deputy Medical Examiner - Hyattsville, Md. | 8-2-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial | DATE THEREOF Aug 4-49 | NAME OF CEMETERY OR CREMATORY St. Mary's | LOCATION (City, town, or county) Laurel, Md. (State)

DATE REC'D BY LOCAL REG. Aug 3-1949 | REGISTRAR'S SIGNATURE M. Brashears | 24. FUNERAL DIRECTOR Wm. Wolf Hasselbrook | ADDRESS

RECEIVED
AUG 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

D8073

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Glenn Dale
LENGTH OF STAY (in this place) 1mo., 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 314 - 9th St. N. W.

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) WILLIAM (Last) PATTEN
4. DATE OF DEATH (Mooth) Aug. (Day) 3, (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Mooths.	Days	If under 24 hrs. Hours	Mio.
Male	White	Married	Sept. 24, 1891	57 yrs.				

10a. USUAL OCCUPATION (Give kiod of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bowling Alley Attendant		Baltimore, Maryland	U.S.A.

13. FATHER'S NAME: John W. Patten
14. MOTHER'S MAIDEN NAME: Mary Imley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	579-18-8110	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	2½ mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause statiog the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Cooditions cootributing to the death hut not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Mooth)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1949, to Aug. 3, 1949, that I last saw the deceased alive on Aug. 3, 1949, and that death occurred at 6:35 P. m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title) M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: August 3, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Washington D.C.	Aug 4, 1949		Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 4 1949	Rowland S. Phelps	Leo W. Neal Co. Inc.	2900 M. St. N.W. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Glenn Dale
LENGTH OF STAY (in this place) 5mos., 3days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 47 - R. St. N. E.

3. NAME OF DECEASED (Type or Print): (First) ERNESTINE (Middle) Banks (Last) PEETE

4. DATE OF DEATH: (Month) 8 (Day) 14 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: December 17, 1930

9. AGE last birthday: 18 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Newport News, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dennis Banks

14. MOTHER'S MAIDEN NAME: Edna Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) pulmonary tuberculosis — 8 mos.

002 13b

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/11, 1949, to 8/14, 1949, that I last saw the deceased alive on 8/13, 1949, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED August 14, 1949

23. BURIAL, CREMATION / REMOVAL (Specify) | DATE 8/14/49 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Newport News Virginia

DATE REC'D BY LOCAL REG. Aug. 14 1949 | REGISTRAR'S SIGNATURE Rowland S. Phillips | 24. FUNERAL DIRECTOR C. H. Smith ADDRESS 3002 Chestnut ave Newport News Va

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Glenn Dale
LENGTH OF STAY (in this place) 2mos., 16days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 65 M. St. N. W.

3. NAME OF DECEASED (Type or Print): (First) HAZEL (Middle) M (Last) PETERSEN
4. DATE OF DEATH (Month) Aug. (Day) 12 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	May 21, 1913	36 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): True, West Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry G. Thompson
14. MOTHER'S MAIDEN NAME: Gussie Albright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) pulmonary Tuberculosis	8 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/27, 1949, to 8/12, 1949, that I last saw the deceased alive on 8/12, 1949, and that death occurred at 11:40 a. m., from the causes and on the date stated above.

SIGNATURE: Daniel Lee Pinecare (Degree or title) M. D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: August 12, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): to Washington D.C. DATE: 8-12-1949 NAME OF CEMETERY OR CREMATORY: LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG. Aug. 13 1949 REGISTRAR'S SIGNATURE: Rowland L. Phillips
24. FUNERAL DIRECTOR: A. B. Hines Co. ADDRESS: 2901-14th St. N.W. Washington D.C.

RECEIVED
AUG 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08076

Reg. Dist. No. 234

1. PLACE OF DEATH:

County Prince George

City or town Accokeek Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

none

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Accokeek

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Addie Petterson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife Nelson G. Petterson

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 28th, 1878

8. AGE: Years 71 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace IOWA (Town, county, and state)

10. Usual occupation Home

11. Industry or business

FATHER

12. Name William Harris

13. Birthplace Iowa

MOTHER

14. Maiden name Alice Seeley

15. Birthplace Iowa

16. Informant Edith E Shaffer

Address Alexandria Va

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/10/49 (month) (day) (year)

Cemetery or crematory Oakwood Falls Church Va

Location Tunft C

18. Funeral director CUNNINGHAM FUNERAL HOME, INC.

Address Alexandria Va

19. Aug 6 1949 (Date rec'd by registrar) Mrs Alton Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/5 1949, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1947, to 8/5 1949 and that I last saw her alive on 8/5 1949

Immediate cause of death Myocardial Apoplexy

Due to Bronchial Asthma

Due to Senility

Other conditions 241 95C

(Include pregnancy within 3 months of death)

DURATION Years

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. A. Wabay, M. D. M. D. or other

Address Waldorf, Md. Date signed 8/6/49

VS A15 9-45-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 31 1949
BUREAU T. S.

08077

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 237

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md. - LENGTH OF STAY (In this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Maryland
STREET ADDRESS (If rural, give location) 6119 Landover Rd.

3. NAME OF DECEASED (Type or Print) (First) HENRY (Middle) MARVIN (Last) Presley

4. DATE OF DEATH (Month) August (Day) 8, (Year) 1949

5. SEX M.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH May 24, 1907

9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed

10b. KIND OF BUSINESS OR INDUSTRY Real Estate

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? america

13. FATHER'S NAME Henry Marvin Presley Sr.

14. MOTHER'S MAIDEN NAME Mary Skinner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Lavinia Presley (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

581.0 Immediate cause (a) Gastro-intestinal Hemorrhage.

124 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Abdominal ascites

(c) Early Cirrhosis of the Liver.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-2, 1949 to 8-8, 1949 that I last saw the deceased alive on 8-7, 1949, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE U.B. Myers (Degree or title) M.D. ADDRESS Mt. Rainier Md DATE SIGNED 8-8-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Aug 11, 1949 NAME OF CEMETERY OR CREMATORY Whitfield Cemetery LOCATION (City, town, or county) Lanham, Md (State)

DATE REC'D BY LOCAL REG. 8/9/49 REGISTRAR'S SIGNATURE Amanda Downs 24. FUNERAL DIRECTOR F. Gosch Sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

RECEIVED
AUG 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: PRINCE GEORGES
City or town: BRENTWOOD
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 44 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MARYLAND County: PRINCE GEORGES
City or town: BRENTWOOD
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 3500 TAYLOR ST.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: WILHELMINE PRIBULA

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	WIDOWED

6.(b) Name of husband or wife: John PRIBULA
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): AUG 5 1863

8. AGE: Years	Months	Days	If less than one day
86	0	13	hrs. min.

9. Birthplace: Röchlitz, Germany (Town, county, and state)
10. Usual occupation: house wife
11. Industry or business
FATHER 12. Name:
FATHER 13. Birthplace: Unknown.
MOTHER 14. Maiden name: HENNIG
MOTHER 15. Birthplace:
16. Informant: Stephen PRIBULA, SON
Address: 3500 Taylor St Brentwood
17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/20/49 (month) (day) (year)
Cemetery or crematory: Prospect Hill Cemetery
Location: Washington, D. C.
18. Funeral director: Wm. J. Nalley
Address: 3200 - R.I. Ave. - Mt. Rainier, Md.
19. Aug 18 1949 (Date rec'd by registrar) Mrs. Jas. Revere Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: AUGUST 18 1949, at 2:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from AUG 15 1949, to AUG 18 1949
and that I last saw her alive on AUG 16 1949

Immediate cause of death	DURATION
PULMONARY EDEMA	1 day
HEART BLOCK	30 years
Due to: ARTERIOSCLEROTIC HEART DISEASE	10 years
Due to: GENERALIZED ARTERIOSCLEROSIS	
Other conditions	

420.0
93d
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Benjamin S. Miller M.D.
M. D. or other
Address: 3824 - 34 St Mt Rainier Date signed: 8/18/49

RECEIVED
AUG 20 1949
BUREAU V. S.

1 mw

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

T

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Sam
LENGTH OF STAY (In this place) 1/2 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 4 - Baltimore, Md
STREET ADDRESS (If rural, give location) 1806 - Lochshiel Road, V

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) (Last) Quenzer

4. DATE OF DEATH (Month) Aug. (Day) 3 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 16, 1911

9. AGE last birthday: 38 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York City

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: First name unknown - Last - Fox

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT: Harold Arthur Quenzer, Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.5 Immediate cause (a) Hemorrhage & shock.

170 C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest.

(c) Automobile collision

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street

(CITY OR TOWN) (COUNTY) (STATE): 1 Mile N. of Laurel - Howard, Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 3, 1949. 5.28 P.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Automobile collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Deputy Medical Examiner - Hyattsville, Md 8-4-49

23. [redacted] REMOVAL (Specify) DATE THEREOF: 4 Aug 1949.

NAME OF CEMETERY OR CREMATORY:

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: Aug. 4 1949

REGISTRAR'S SIGNATURE: Mrs. Jas. Severe Deputy

24. FUNERAL DIRECTOR: J. Gasch's Sons - Hyattsville Md.

ADDRESS

RECEIVED
AUG 5 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Glenn Dale — LENGTH OF STAY (in this place) 27 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location) 4635 Benning Rd. S. E. ✓

3. NAME OF DECEASED (Type or Print)	(First) ROSALIE	(Middle) REBECCA	(Last) RICHARDSON	4. DATE OF DEATH	(Month) August (Day) 9th (Year) 1949
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Feb. 14, 1924	9. AGE last birthday 25 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Dendron, Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Robert Henry Jenkins	14. MOTHER'S MAIDEN NAME Rosalie Harris				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Decedent			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	9 weeks
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/13, 1949, to 8/9, 1949, that I last saw the deceased alive on 8/8, 1949, and that death occurred at 12:05 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Pinucane	M. D.	Glenn Dale Sanatorium Glenn Dale, Maryland	August 9, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 8/12/49	NAME OF CEMETERY OR CREMATORY Wakefield Va., cemetery	LOCATION (City, town, or county) (State) ~~Benning Rd. Wash. D.C.~~
DATE REC'D BY LOCAL REG. Aug 9, 1949	REGISTRAR'S SIGNATURE Rowland S Phillips	24. FUNERAL DIRECTOR Stuart S. D. H.	ADDRESS

RECEIVED
AUG 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN T. B. | LENGTH OF STAY (In this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS T. B. - Accokeek Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN T. B.
STREET ADDRESS (If rural, give location) T. B. - Accokeek Road

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Wilson (Last) Rollins
4. DATE OF DEATH: (Month) Aug (Day) 7 (Year) 1949

5. SEX male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH Feb 28, 1896 | 9. AGE Last birthday 53 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | 10b. KIND OF BUSINESS OR INDUSTRY Electrical Supply | 11. BIRTHPLACE (State or foreign country) Virginia | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward Rollins | 14. MOTHER'S MAIDEN NAME Blanche Stack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 578-09-4492 | 17. INFORMANT John S. Rollins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

422.2 **Immediate cause** (a) Acute Congestive heart failure

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Alcoholism

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) James J. Boyd M.D | ADDRESS Forestville Md | DATE SIGNED 8-7-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF 8/10/49 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) Bladensburg (P. Geo. Md.) (State)

DATE REC'D BY LOCAL REG. Aug 9-49 | REGISTRAR'S SIGNATURE M. L. Nicholls
Aug 10-49 J. H. Billingsley

24. FUNERAL DIRECTOR Hunt & Ryon, Naedo, Md. | ADDRESS

RECEIVED
AUG 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08082

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Glenn Dale
LENGTH OF STAY (in this place) 4 mos., 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1502 Vermont Ave., N. W.

3. NAME OF DECEASED (Type or Print) (First) CAROLYN (Middle) (Last) ROWE

4. DATE OF DEATH (Month) August (Day) 9th (Year) 1949

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH March 18, 1948

9. AGE last birthday 1 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Allen Rowe

14. MOTHER'S MAIDEN NAME Essie Poke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Essie Rowe, 1502 Vermont Ave., N. W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

019.1 **Immediate cause** (a) Tuberculous meningitis — Interval between onset and death: 3 mos

Antecedent cause(s)

22a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Miliary Tuberculosis — 6 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1949, to 8/9, 1949, that I last saw the deceased alive on 8/8, 1949, and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED August 9, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE Aug. 9, 1949 NAME OF CEMETERY OR CREMATORY Removal to LOCATION (City, town, or county) Washington, D. C. (State)

DATE REC'D BY LOCAL REG. Aug. 9, 1949 REGISTRAR'S SIGNATURE Rowland S. Phillips

24. FUNERAL DIRECTOR Montgomery Bros ADDRESS 913 F La ave nw

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
AUG 16 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

08083

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warrens Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural, give location) R. F. D.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) (Last) RUSSELL
4. DATE OF DEATH: (Month) AUGUST (Day) 16 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Divorced	Sept. ? 1894	54 ? yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own	Washington, D. C.	U.S.A.

13. FATHER'S NAME: Dudley B. Russell
14. MOTHER'S MAIDEN NAME: Va. Devers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.		?	William H. Russell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis, Bilateral	appx. 8 mo.
002 Antecedent cause(s)		
13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Aug 15, 1948, to Aug 16, 1949, that I last saw the deceased alive on Aug 15, 1949, and that death occurred at 12:15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John A Stephens	M. D.	Laurel Md.	Aug 31, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	August 18th 1949.	Ft. Lincoln	Colmar Manor, P.G. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/16	Amanda Downey	F. Gasch's Sons	Hyattsville, Md.
Aug 17-49	M. Brashears		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING (Over)

Replacement Cert. - Change of cause of death.

VS. A15

This is a replacement certificate sent in by Dr. Stephens - see letter on file under "Stephens" - duplicate cert. on file in the 2-for 1 - file in V.S.
9-9-49 - ams.

RECEIVED
SEP 2 1949
Pr. George's Co. Health Dept.
Hyattsville, Md.

08084

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:

County: Prince Georges

City or town: Oxon Hill
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Oxon Hill Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 7027 - Oxon Hill Rd. Md.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME ANDREW RYGG

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Marie F. Rygg

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 22 - 1888

8. AGE: Years: 61 | Months: | Days: | If less than one day ..... hrs. ..... min.

9. Birthplace: Norway
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: Mauritz Rygg
13. Birthplace: Norway

MOTHER
14. Maiden name: Jacobine Thorson
15. Birthplace: Norway

16. Informant: Darwin M. Rygg
Address: 7027 - Oxon Hill Rd. Oxon Hill Md.

17. Transportation (Burial, cremation, or removal. Which?) Date thereof: Aug. 19 - 49 (month) (day) (year)

Cemetery or crematory

Location: Minneapolis, Minnesota

18. Funeral director: Simmons Bros.
Address: 2007 - Nichols Ave. S.E.

19. Aug. 18 1949 Howard I. Beall
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 18 1949, at 9:15 A.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from ~~August 13 1949~~ December 18-1948, to Aug 13 1949 and that I last saw him alive on Aug 13 1949

Immediate cause of death: Acute Coronary Thrombosis — DURATION: 2 hrs

Due to: Cardiac Dilatation & Arteriosclerosis

Due to:

Other conditions: 420.1 94a
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. Phillips Fishman M.D.
M. D. or other

Address: 2924 Nichols Ave SE Date signed: 8-18-49

VS A15 9-45-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 31 1949
BUREAU V. S.

vidence for addition
n #1 and change in age
shown on:

08085

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 122 OCT 4 1949

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: PRINCE GEORGE · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MD. · COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Camp Spring · LENGTH OF STAY (in this place): 58 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7700 Allentown Rd	STREET ADDRESS (If rural, give location): 7700 Allentown Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CARRIE	BELLE	SELLNER	Aug	29,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	11-27-1875	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Wife		Wash. D. C.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George T. Roland	Martha S. Thorne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		James H. Sellner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Congestive Heart Failure	6 mos.
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 7, 19 49 to Aug 29, 19 49, that I last saw the deceased alive on Aug 27, 19 49 and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D'Angelo	D'Angelo M.D.	4223 Silver Hill Rd.	8-29-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-31-49	Washington Natl	Suitland Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 29-1949.	Edna F. Collins	W W Chambers Co.	5717-11th St. S.E.

RECEIVED
SEP 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08086

Reg. Dist. No. 245

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt Ramer — LENGTH OF STAY (in this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4215 - Ramer Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mount Ramer
STREET ADDRESS (If rural, give location): 4215 Ramer Ave

3. NAME OF DECEASED (Type or Print) (First) Russell (Middle) Marion (Last) Shillingburg Shillingburg
4. DATE OF DEATH (Month) August (Day) 30 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 29, 1902
9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Watchman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): W. Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.G.

13. FATHER'S NAME: William Shillinberg
14. MOTHER'S MAIDEN NAME: Francis Neville

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 236-20-9028
17. INFORMANT: Gladys Urdock Shillinberg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

976 Immediate cause (a) Hemorrhage & shock

164C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun-shot wound of head.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN) Mount Ramer — (COUNTY) Pr. George — (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour): Aug - 30 - 1949 10 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Self inflicted revolver wound of head.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney, M.D. Deputy Medical Examiner Hyattsville, Md Aug 30, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Sept 1 49
NAME OF CEMETERY OR CREMATORY: Nellakine Cemetery
LOCATION (City, town, or county) (State): Mineral Co. - West Va

DATE REC'D BY LOCAL REG.: 8/31/49
REGISTRAR'S SIGNATURE: Amanda Downey
James Service Jr
24. FUNERAL DIRECTOR: F. Gasch's Sons
ADDRESS: Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 2 1949
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08087

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Glenn Dale
LENGTH OF STAY (in this place): 1 mo., 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1728 - 18th St. N. W. ✓

3. NAME OF DECEASED (Type or Print): (First) SALLIE (Middle) M. (Last) SMITH

4. DATE OF DEATH: (Month) Aug. (Day) 28 (Year) 19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	Negro	Widowed	March 22, 1921	28 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waitress		Rockingham, North Carolina	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Smith	Jennie Tonson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis Miliary	2 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

002
13b

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7/6, 1949, to 8/28, 1949, that I last saw the deceased alive on 8/28, 1949 and that death occurred at 6.40 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lee M. Curtis	M. D.	Glenn Dale Md.	8-28-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
removal	8/29/49		Washington	D. C

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/28/49	Rowland S. Phillips	Johnson & Jenkins	2053 Georgia ave., N.W. Washington, D. C.

VS. A15

RECEIVED
SEP 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08088

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN None
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mother Jones Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn, Md.
STREET ADDRESS (If rural, give location) 9515 Rhode Island Ave.

3. NAME OF DECEASED (Type or Print) (First) MARTHA (Middle) JOSEPHINE (Last) SPRINGMAN

4. DATE OF DEATH (Month) Aug. (Day) 9th (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1/16/1898
9. AGE last birthday 51 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wash. D.C.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Thomas Roussillon
14. MOTHER'S MAIDEN NAME Marie Chalumbau

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Mr. Francis E. Springmann (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Cervix of uterus C

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) metastases

(c)

171

48 b

INTERVAL BETWEEN ONSET AND DEATH: 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 6-28-49
19b. MAJOR FINDINGS OF OPERATION Transorbital Cobotomy
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-27, 1949, to 8-9, 1949, that I last saw the deceased alive on 8-, 1949, and that death occurred at 10:00 A.m., from the causes and on the date stated above.

SIGNATURE J. Murphy (Degree or title) ADDRESS MD 1911 R St NW DC DATE SIGNED 8-9-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 12/1949
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem.
LOCATION (City, town, or county) (State) Colmar Manor - Pr. Geo. Cty, Md

DATE REC'D BY LOCAL REG. Aug. 9th 1949
REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy Sec'y)
24. FUNERAL DIRECTOR K. W. Chambers Co. ADDRESS Riverdale Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 11 1949
BUREAU V. S.

08089

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH · COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Glenn Dale — LENGTH OF STAY (in this place) 8mos., 20days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location) 1638 - 17th St. N. W. ✓

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle)	(Last) STOREY	4. DATE OF DEATH	(Month) AUG.	(Day) 9	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Jan. 18, 1912	9. AGE last birthday 37 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Westernport, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME William Henry Stewart			14. MOTHER'S MAIDEN NAME Sarah Ella Christy				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY No. 579-32-8543	17. INFORMANT AND ADDRESS Decedent				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Embolism	40 min.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Phlebothrombosis of pelvic veins, post-operative	1 wk.
	(c)	

002

13 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 7-26-49	19b. MAJOR FINDINGS OF OPERATION Left Pneumonectomy performed for Pulmonary Tuberculosis	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 19, 1948, to Aug 9, 1949, that I last saw the deceased alive on Aug 9, 1949, and that death occurred at 5:07 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M.D.	Glenn Dale Sanatorium Glenn Dale, Maryland	August 9, 1949

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE Aug 12, 1949	NAME OF CEMETERY OR CREMATORY Arlington National Cemetery	LOCATION (City, town, or county) (State) Virginia
DATE REC'D BY LOCAL REG. Aug. 10, 1949	REGISTRAR'S SIGNATURE Rowland S Phillips	24. FUNERAL DIRECTOR W. W. Chambers, Co., 1400 Chapin St., N.W., Wash., D.C.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08090

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY Prince George,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn
STREET ADDRESS (If rural, give location) 8205 Baltimore Ave.

3. NAME OF DECEASED (Type or Print): (First) Michael (Middle) LYNN (Last) Thomas

4. DATE OF DEATH: (Month) Aug. (Day) 3 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Aug. 1, 1949

9. AGE last birthday: yrs. — If under 1 year: Months — Days 1d — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Maryland - Pr. Geo.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Thomas

14. MOTHER'S MAIDEN NAME: Mary Esther Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776 Immediate cause (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 45 hrs.

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1949, to Aug 3, 1949, that I last saw the deceased alive on Aug 3, 1949, and that death occurred at 12:10A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lawrence Grossgreen M.D. 2503 Queens Chapel Rd. Mt Rainier Md. 8-3-49

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: Aug 4 1949 — NAME OF CEMETERY OR CREMATORY: Prince George Gen Hosp — LOCATION (City, town, or county) (State): Cheverly P.G.C. Md

DATE REC'D BY LOCAL REG. 8/6/49 — REGISTRAR'S SIGNATURE: Amanda Doroney

24. FUNERAL DIRECTOR: Harry W Penn Jr — ADDRESS: Superintendent

RECEIVED
AUG 9 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08091

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills | LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
STREET ADDRESS 4113 Farnum st (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) MILDRED (Middle) ROSS (Last) THOMSON

4. DATE OF DEATH: (Month) Aug (Day) 28, (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single | 8. DATE OF BIRTH: Oct 28, 1898 | 9. AGE last birthday: 51 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk | 10b. KIND OF BUSINESS OR INDUSTRY: woodward & Lothrop store | 11. BIRTHPLACE (State or foreign country): Washington D.C. | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Alfred Thomson | 14. MOTHER'S MAIDEN NAME: Mary L. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): None | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Henry G. Thomson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170 **Immediate cause** (a) Congestive failure of heart — 24 hours.

50 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Metastatic carcinoma in abdomen — 4 months
(c) Carcinoma of left breast. — 17 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 1948 | 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of left breast | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 March, 19 49, to 28 March, 19 49, that I last saw the deceased alive on 28 March, 19 49, and that death occurred at 9:45 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Frederick E. Mussey, M.D. 7409 Varnum St. Landover Hills Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 8/30/49 | NAME OF CEMETERY OR CREMATORY Lincoln Cemetery | LOCATION (City, town, or county) Colmar Manor Md (State)

DATE REC'D BY LOCAL REG. 8/29/49 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR ADDRESS: Gaschs Sons Hyattsville Md

RECEIVED
AUG 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08092

Reg. Dist. No. 242

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH
COUNTY Pr. George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant Md
LENGTH OF STAY (in this place) 2 Mths
HOSPITAL OR INSTITUTION OR STREET ADDRESS 612 - 62nd Place

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Pr. Geo Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Harriet (Middle) Amelia (Last) Tucker

4. DATE OF DEATH: (Month) Aug (Day) 22 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr 6 1883

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Christopher Columbus Hayes

14. MOTHER'S MAIDEN NAME: Lucinda Beatley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr Owen Tucker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 **Immediate cause** (a) Cerebral Hemorrhage — Interval Between Onset and Death: 1 Hour

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterioschlerotic Hypertension — 6 Years

(c) Generalized arterioschlerosis — 6 Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 29, 1948, to Aug 21, 1949, that I last saw the deceased alive on Aug 14, 1949, and that death occurred at 7:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Smit Ritchie MD — ADDRESS 7005 Ritchie Rd S.E Wash 19 D.C. — DATE SIGNED 8/23/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug. 25 49 — NAME OF CEMETERY OR CREMATORY: Forrestville Md — LOCATION (City, town, or county) (State): Prince Geo. County

DATE REC'D BY LOCAL REG.: Aug. 22, 1949 — REGISTRAR'S SIGNATURE: Carrie Campbell

24. FUNERAL DIRECTOR: W. W. Chandlee Co. — ADDRESS: 517 11th St SE

Dr. Jas T Boyd
gave permission to
sign this certificate

RECEIVED
AUG 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08093

CERTIFICATE OF DEATH

Reg. Dist. No. 243.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Glenn Dale
LENGTH OF STAY (in this place) 1 yr., 1mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1336 D. St. S. E. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SYLVIA		TURNER	August	27th	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs: Hours	Min.
Female	White	Married	February 5, 1916	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Upper Marlboro, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George M. Kidwell	Margaret Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	None	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	9 yrs 3 mos
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 7/29, 1948, to 8/27, 1949, that I last saw the deceased alive on 8/27, 1949, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leo M. Curtis	M. D.	Glenn Dale, Md.	8-27-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug. 31, 1949	Arlington National Cemetery	Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/29/49	Rowland S. Phillips	W. W. Chambers Co.	517-11th St. S.E., Wash., D.C.

RECEIVED
SEP 5 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08094

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5200 R. ST. S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY PR. GEO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASH. D.C. (Suitland)
STREET ADDRESS (If rural, give location) 5200 - R. ST. S.E.

3. NAME OF DECEASED (Type or Print): (First) HARVEY (Middle) CHRISTIAN (Last) WADE

4. DATE OF DEATH (Month) (Day) (Year) 8 - 25 - 49 19

5. SEX M

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH (Month) (Day) (Year) May 20 1872

9. AGE last birthday 77 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY SAME

11. BIRTHPLACE (State or foreign country) INDIANA

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME JACOB WADE

14. MOTHER'S MAIDEN NAME TERESA WILEY.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No.

16. SOCIAL SECURITY NO. none

17. INFORMANT Mary Harte (Daughter.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asthenia — Interval between onset and death: 5 days

600.1 Antecedent cause(s)

133 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Abscess & infection of left Kidney — 40 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 August, 1949, to 25 August, 1949, that I last saw the deceased alive on 25 August, 1949, and that death occurred at 6 00 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Aubrey W. Lowery M. D. 3821 Penn. Ave. SE 8/25/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 8-29-49 — NAME OF CEMETERY OR CREMATORY Bethel Cemetery — LOCATION (City, town, or county) (State) Alexandria Va.

DATE REC'D BY LOCAL REG. Aug 25-1949 — REGISTRAR'S SIGNATURE Edna F. Collins

24. FUNERAL DIRECTOR W.W. Chambers Co. — ADDRESS 517-11th St. S.E.

RECEIVED
SEP 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08095

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45

1. PLACE OF DEATH:
County: Prince Georges
City or town: Cedar Heights
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Cedar Heights
(If outside city or town limits, write RURAL and give nearest town)
Street No. 6414 Lee Place
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Arthur Walker

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Widowed

6.(b) Name of husband or wife: Luvenia Walker
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 4 1874

8. AGE: Years	Months	Days	If less than one day
75+?			hrs. min.

9. Birthplace: Dilly Springs, Miss. (town, county, and state)
10. Usual occupation: Farmer, Fisherman & Hack driver
11. Industry or business:
FATHER 12. Name: Markham Walker
13. Birthplace:
MOTHER 14. Maiden name: Harriett Watts
15. Birthplace: Westmoreland Co. - Va.
16. Informant: Adam B. Walker
Address: 6414 - Lee Pl.
17. (Burial, cremation, or removal. Which?) Date thereof August 7 1949 (month) (day) (year)
Cemetery or crematory: Westmoreland Co., Va.
Location:
18. Funeral director: W. Ernest Jones Co.
Address: 1432 Gow St. N. W.
19. Aug 5 1949 (Date rec'd by registrar) Carrie Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 4 1949 at 6.30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 26 1949, to Aug. 4 1949
and that I last saw h[illegible] alive on Aug. 4 1949
Immediate cause of death: Brights Disease — DURATION
Due to:
Due to:
Other conditions: Natural Causes gag. 593
(Include pregnancy within 3 months of death)
Major findings of operations: 132 Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: 1001 Eastern Ave. N.E. Date signed 8/4/49

RECEIVED
AUG 8 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08096

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 1 yr. 9 mo., 12 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 5851- Bock Rd., S.E. ✓

3. NAME OF DECEASED (Type or Print): (First) GENEVA (Middle) R. (Last) WARNER
4. DATE OF DEATH: (Month) (Day) (Year) Aug. 16, 1949.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. / Days	If under 24 hrs.: Hours / Min.
Female	White	married	6-2-06	43 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Gloucster, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mack J. Brown
14. MOTHER'S MAIDEN NAME: Ruth Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. 579-26-1223
17. INFORMANT AND ADDRESS: decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	2 yr 3 mo.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 4, 1947, to Aug 16 1949, that I last saw the deceased alive on Aug 15 1949, and that death occurred at 3. A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane M.D.	Glenn Dale Sanatorium Glenn Dale, Maryland	Aug 16 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 18, 1949	Cedar Hill	Suitland	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 16, 1949	Rowland S. Phillips	Simmons Bros.	2007 - Nichols Ave. SE. Washington, D.C.

VS. A15

RECEIVED
AUG 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08097

CERTIFICATE OF DEATH

Reg. Dist. No. 243.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Glenn Dale
LENGTH OF STAY (in this place): 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington,
STREET ADDRESS (If rural, give location): 221 - D. St. N. W. ✓

3. NAME OF DECEASED (Type or Print): (First) NORMAN (Middle) (Last) WARREN

4. DATE OF DEATH: (Month) 8 (Day) 3 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: August 29, 1906

9. AGE last birthday: 42 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Exterminator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dyersburg, Tennessee

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Andrew J. Warren

14. MOTHER'S MAIDEN NAME: Mary Frances Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 578-16-2567

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 3 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 13b

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-18, 1949, to 8-3-, 1949, that I last saw the deceased alive on 8-3-, 1949, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE: Daniel Lee Finucane — (Degree or title): M.D. — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland — DATE SIGNED: August 3, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8/4/49 — NAME OF CEMETERY OR CREMATORY: District of Columbia morgue — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. Aug 4 1949. — REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: Daniel Lee Finucane MD — ADDRESS: Glenn Dale Md.

VS. A15

RECEIVED
AUG 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08098

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Glenn Dale
LENGTH OF STAY (in this place): 4mos., 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1341 Que Street N. W. Apt. 30

3. NAME OF DECEASED (Type or Print): (First) ARCHIE (Middle) (Last) WASHINGTON

4. DATE OF DEATH: (Month) August (Day) 28th (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: February 28, 1911

9. AGE last birthday: 38 yrs. If under 1 year: Months. If under 24 hrs: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waxer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Shadyside, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Washington

14. MOTHER'S MAIDEN NAME: Willann Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: --

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 7 mos

Antecedent cause(s)

002

13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/18, 1949, to 8/28, 1949, that I last saw the deceased alive on 8/27, 1949, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leo M. Curtis	M. D.	Glenn Dale, Md.	8-28-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	8/29/49	Shadyside Md St Paul	Shadyside Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/29/49	Rowland S. Phillips	J. B. Johnson	Annapolis, Md.

RECEIVED
SEP 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08099

Reg. Dist. No. 245

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural give location) 4001 - Shepard St.

3. NAME OF DECEASED (Type or Print) (First) ALBURN (Middle) B. (Last) WATSON

4. DATE OF DEATH (Month) 8 (Day) 23 (Year) 1949

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 6/23/78 | 9. AGE last birthday 71 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Violin Maker & Repairman | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Penn. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Albert Watson | 14. MOTHER'S MAIDEN NAME Mary Campe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Bernice Hutchinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 Immediate cause (a) Carcinomatosis — Interval Between Onset and Death: 1 year

Antecedent cause(s)

462 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Ascending Colon — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 7/15/48 | 19b. MAJOR FINDINGS OF OPERATION Inoperable Carcinoma of ascending colon | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/23, 1949, to 8/22, 1949, that I last saw the deceased alive on 8/15, 1949, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis Mendel M.D. College Park Md 8/23/49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation | DATE 8/25/49 | NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery | LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REG. Aug 24 1949 | REGISTRAR'S SIGNATURE James Seery

24. FUNERAL DIRECTOR ADDRESS Wm. J. Malley 3200-R.I. Ave. Mt. Rainier, Md.

VS. A15

RECEIVED
AUG 29 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08100

CERTIFICATE OF DEATH

Reg. Dist. No. 239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (In this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 923 Montgomery St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Cornelius	Whitmore	August	22	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	married	March 16 1877	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired employee	U S Navy Yard	Brightseat Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William C. Whitmore	Mary Virginia Haseland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	—	C. Lee Whitmore - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis — 3 hr

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/20, 1949, to 8/22, 1949, that I last saw the deceased alive on 8-22, 1949, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M Brashears	MD	Laurel	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 24, 1949	Ivy Hill Cemetery	Laurel Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 24-49	M. Brashears	W. Wirt Donaldson	Laurel Md.

RECEIVED
AUG 29 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08101

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 114 Mallow Hill Ave.

3. NAME OF DECEASED (Type or Print) (First) EMMA (Middle) E (Last) WISSEL
4. DATE OF DEATH (Month) August (Day) 8 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH March 15 1877
9. AGE last birthday 72 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Pahr
14. MOTHER'S MAIDEN NAME — Stroski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Edw. H. Wissel - 4504 Seminole Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331 Immediate cause	(a) Cerebral hemorrhage, bilateral	5 d.
Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	Unknown
	(c) Arteriosclerosis	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/3, 1949, to 8/7, 1949, that I last saw the deceased alive on 8/7, 1949, and that death occurred at 1:00a m., from the causes and on the date stated above.

SIGNATURE William R. Bung (Degree or title) M.D. ADDRESS 305 P. George St. Laurel, Md. DATE SIGNED 8/8/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8-10-49
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. Aug 11-49
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR George A. Fowley Fulton ave & Fayette St. ADDRESS

RECEIVED
AUG 15 1949
BUREAU V. S.

08102

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH · COUNTY: Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Collington, RFD # 1 — LENGTH OF STAY (in this place): 37 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Collington, RFD # 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS: As above	STREET ADDRESS (If rural give location): RFD # 1

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Thomas Lee Wood

4. DATE OF DEATH (Month) (Day) (Year): Aug 31 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	Oct. 25, 1862	86 Years yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Carpenter	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Wood	Beckie Diggins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		None	Ida Brady (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis — 1 yr

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Aug 31, 1949 that I last saw the deceased alive on 8-26, 1949 and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE: Leonard Hays (Degree or title) M.D. ADDRESS: Hyattsville Md DATE SIGNED: 9-1-49

23. BURIAL, CREMATION REMOVAL (Specify) | DATE: 3 Sept 1949 | NAME OF CEMETERY OR CREMATORY: St. Barnabas Cemetery | LOCATION (City, town, or county): Leland Maryland (State)

DATE REC'D BY LOCAL REG.: 9/1/49 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR: S. Gasch's Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
SEP 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08103

Reg. Dist. No. 705

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosemary Land Route #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) Rosemary Lane

3. NAME OF DECEASED (Type or Print): (First) James (Middle) M. (Last) Yarbrough

4. DATE OF DEATH: (Month) 8 (Day) 7 (Year) 1949

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, (MARRIED), WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 8-22-1890

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Tink Yarbrough

14. MOTHER'S MAIDEN NAME: Catherine Terrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 577-24-1853

17. INFORMANT: Bertie Yarbrough

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

153 Immediate cause (a) Generalized Carcinomatosis (adeno-carcinoma stomach)

55e Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intestinal obstruction

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 1949

19b. MAJOR FINDINGS OF OPERATION: Generalized abdominal carcinomatosis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to August 6, 1949, that I last saw the deceased alive on August 6, 1949, and that death occurred at 12 midnight m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Warden Barton M.D. ADDRESS DATE SIGNED August 7, 1949

23. (BURIAL) CREMATION REMOVAL (Specify) — DATE THEREOF 8-10-49 — NAME OF CEMETERY OR CREMATORY Queens Chapel — LOCATION (City, town, or county) Muirkirk — (State) Md.

DATE REC'D BY LOCAL REG. Aug 9 1949 — REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR H.S. Washington & Sons — ADDRESS Washington D.C. 467-N St. N.W.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08104

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH:

County: Prince George's County

City or town: Cheltenham
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Prince Geo.

City or town: Cheltenham Md. - Box 85
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Crain Highy
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: YUNKER, JESSIE E.

3.(b) Social Security Number

4. Sex: FEMALE

5. Color or race: WHITE

6.(a) Single, married, widowed, or divorced: WIDOW

6.(b) Name of husband or wife: ERHARDT. L. YUNKER

6.(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): 9-28-79

8. AGE: Years 69 | Months 10 | Days 30 | If less than one day 21 hrs. 45 min.

9. Birthplace: Newark, Essex, N. J.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Elwood King
13. Birthplace: Newark N. J.

MOTHER
14. Maiden name: Elizabeth King
15. Birthplace: Scotland

16. Informant: Richard B. Yunker
Address: Box 85 - Cheltenham, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Sept. 2, '49 (month) (day) (year)

Cemetery or crematory: Cedarville, Md.

Location: Same

18. Funeral director: Hunt Ryan
Address: Waldorf, Md.

19. Sept 1 1949 (Date rec'd by registrar) M. L. Mourdel F. H. Billingsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: AUGUST 30 1949 at 7:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from AUGUST 18 1949 to AUGUST 30 1949 and that I last saw her alive on August 27 1949

Immediate cause of death	DURATION
Cardiovascular	
Collapse	
Due to coronary	5-8
thrombosis	4 Ears
Due to generalized	
arteriosclerosis	
Other conditions nephrosis	

420.1
93d
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Alfred R. Lapin, M.D.
M.D. or other

Address: Aquasco, Md. Date signed: Aug 31, 1949

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 7 1949
BUREAU T. S.